

APPLICATION FOR COLLIN COUNTY RIDES PROGRAM



PLEASE PRINT CLEARLY

I understand that the information I am providing will be used to determine initial and continuing eligibility for the Collin County Rides Subsidy Program.

1. Name: First _____ Middle _____ Last _____
2. Home Phone _____ Cell Phone _____
3. Home Address _____ Apt.# _____
4. City _____ State _____ Zip Code _____
5. Email _____
6. Date of Birth (Month/Day/Year) _____ Gender: Male Female
7. Do you use a mobility aid when you travel? Yes No Sometimes
 If yes or sometimes, please specify which type of mobility aid is used.
 Walker Wheelchair Scooter Other _____
(please specify)

Required Eligibility Documentation:

Eligibility Criteria	Certifying document provided (Specify)
65+ Years of age OR Proof of Disability* *Examples: Doctors note, SSDI letter, VA Award Letter, Medicare ID card	
Proof of Residency (Picture ID with address or Utility Bill)	

Questions 8 through 13 are for information purposes only and do not affect eligibility for services.

8. Ethnicity: African American Asian Caucasian Hispanic Other _____
9. Are you able to safely drive yourself? Yes No Short distances only
10. Do you presently receive transportation through Family/Friends, Medicaid transportation, and/or other services?
 Yes (Please list which services) _____
 No
11. How do you travel now to shop for groceries, travel to medical appointments, visit friends, etc.?

12. Do you live in an assisted living or apartment complex that offers transportation? Yes No
13. How do you plan to use this service? *check all that apply*
 Shopping Medical Social Connect to DART Work Other _____

The information on this application is true and accurate to the best of my knowledge. I authorize a representative of DART Mobility Management Services to contact the persons and authorities listed in this application to verify the information in determining my eligibility.

Signed: _____ Date: _____

For assistance with this form and or determining eligibility contact DART at 214-828-6717.

To complete this form online go to DART.org/ccr